

1. DATE OF INCIDENT <b>31-MAY-2011</b>		2. ADDRESS OF OCCURRENCE <b>12355 S WALLACE ST CHICAGO, IL 60628</b>		3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>0523</b>	
5. POSITION <b>9161</b>		6. LAST NAME <b>OCAMPO</b>		7. FIRST NAME <b>MATILDE S</b>		8. STAR NO. <b>13474</b>	
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE <b>508</b>		12. HT. <b>145</b>	
13. DATE OF APPT. <b>31-OCT-2005</b>		14. EMPLOYEE NO. <b>153</b>		15. UNIT & BEAT OF ASSIGNMENT <b>0564B</b>		16. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		18. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
21. LAST NAME <b>CROSS</b>		22. FIRST NAME <b>KALVIN</b>		23. M.I. <b>BLK</b>		24. D.O.B.	
25. ADDRESS <b>CHICAGO, IL</b>		26. TELEPHONE NO.		27. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <b>FIREARM - REVOLVER</b>		28. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
29. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>PRONOUNCED ON SCENE BY CFD</b>		30. BY WHOM?		31. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		32. CHARGES PLACED <input type="checkbox"/> DNA <input type="checkbox"/> CB NO. <input type="checkbox"/> IR NO. <input type="checkbox"/> DNA	
33. PASSIVE RESISTER		34. ACTIVE RESISTER		35. ASSAILANT: ASSAULT		36. ASSAILANT: BATTERY	
37. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		38. FLED <input checked="" type="checkbox"/>		39. IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		40. ATTACK WITH WEAPON <input checked="" type="checkbox"/>	
39. STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		40. PULLED AWAY <input type="checkbox"/>		41. OTHER <input type="checkbox"/>		42. ATTACK WITHOUT WEAPON <input type="checkbox"/>	
40. OTHER <input type="checkbox"/>		41. OTHER <input type="checkbox"/>		42. OTHER <input type="checkbox"/>		43. OTHER <input type="checkbox"/>	
41. MEMBER PRESENCE <input checked="" type="checkbox"/>		42. OPEN HAND STRIKE <input type="checkbox"/>		43. ELBOW STRIKE <input type="checkbox"/>		44. KNEE STRIKE <input type="checkbox"/>	
42. VERBAL COMMANDS <input checked="" type="checkbox"/>		43. TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		44. CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		45. KICKS <input type="checkbox"/>	
43. ESCORT HOLDS <input type="checkbox"/>		44. OC CHEMICAL WEAPON <input type="checkbox"/>		45. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		46. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
44. WRIST LOCK <input type="checkbox"/>		45. CANINE <input type="checkbox"/>		46. TASER (Probe Discharge) <input type="checkbox"/>		47. TASER (Contact Stun) <input type="checkbox"/>	
45. ARMBAR <input type="checkbox"/>		46. TASER (Laser Targeted) <input type="checkbox"/>		47. TASER (Spark Displayed) <input type="checkbox"/>		48. OTHER <input type="checkbox"/>	
46. PRESSURE SENSITIVE AREAS <input type="checkbox"/>		47. OTHER <input type="checkbox"/>		48. OTHER <input type="checkbox"/>		49. OTHER <input type="checkbox"/>	
47. CONTROL INSTRUMENT <input type="checkbox"/>		49. OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		50. OTHER <input type="checkbox"/>		51. OTHER <input type="checkbox"/>	
52. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		53. ADDITIONAL INFORMATION <b>OFFENDERS HANDGUN RECOVERED.</b>					
54. POSITION		55. STAR NO.		56. UNIT		57. ADDITIONAL INFORMATION	
58. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		59. 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		60. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		61. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	
62. MAKE/MANUFACTURER SIG/S. I. G./SWISS INDUSTRIAL GESELLSCHAFT -- S2--		63. MODEL <b>P229</b>		64. BARREL LENGTH <b>3.8</b>		65. WEATHER CONDITIONS <b>CLEAR</b>	
66. TASER DART ID NO.		67. WEAPON SERIAL NO. (Include Letters) <b>AAU01048</b>		68. CHICAGO GUN REG. NO. <b>636152</b>		69. FIREARM OWNER ID. NO. <b>52640548</b>	
70. SPECIAL WEAPON CERTIFICATE NO.		71. PROPERTY INVENTORY NO.		72. TYPE OF AMMUNITION USED <b>HORNADY</b>		73. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>	
74. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		75. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		76. NO. OF CATDRIDGES/SHOT SHELLS RELOADED		77. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
78. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		79. SPECIFY METHOD/EQUIPMENT USED TO RELOAD					
80. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		81. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>TREE, VEHICLES</b>					
82. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		83. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN					
84. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		85. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.					
86. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		87. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					
88. REPORTING MEMBER (Print Name) <b>OCAMPO, MATILDE S</b>		89. STAR/EMPLOYEE NO. <b>13474</b>		90. SIGNATURE <b>[Signature]</b>		91. DATE <b>01-JUN-2011 04:43:26</b>	
92. Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
93. REVIEWING SUPERVISOR (Print Name) <b>JONES, JAMES E</b>		94. STAR NO. <b>73</b>		95. SIGNATURE <b>[Signature]</b>		96. DATE REVIEWED <b>01-JUN-2011 04:45:52</b>	

Log # 1045834  
U # 11-27  
A & E. # 10

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

The subject is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination of the undersigned that Police Officer Matilde Ocampo #13474 acted in compliance with Department policy in that the offender pointed a handgun in the direction of Officer Macario Chavez #9084 and Police Officer Mohammed Ali #7241. In fear of his partners life and his life Officer Ocampo discharged his weapon. CL# 1045804 U# 11-27

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1045804 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

WELCH III, EDDIE L

SIGNATURE



DATE COMPLETED

TIME

01-JUN-2011 05:06:32

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ OR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

3

Log #1045804/u#11-27  
A66.#10